January 6, 2006

Honorable Judge Allyne Ross U.S. Eastern District Court 225 Cadman Plaza East Brooklyn, N.Y. 11201 letter and it's attachements le

48/19/06

Re: Asha Patterson, Docket# 03CR-718

Dear Judge Allyne Ross,

Once again I am writing this correspondence on behalf of my fiancé Asha Patterson. The purpose of this letter is to persuade you to be lenient during Mr. Patterson's re-sentencing.

As you know we share the responsibility of two children, Danisha, 11 and Kymari 3. The task of being a single parent has been very trying for me, especially during the times when Kymari is hospitalized. Kymari underwent a tracheal reconstruction on May 18, 2005, which caused her to be hospitalized in Bronx Montefiorre Medical Children's Hospital for over a month partially paralyzed and sedated. During this time I was out sick from work due to being depressed over Kymari's hospitalization. The type of healthcare that is required for our daughter would be a lot easier if her two parents were able to help care for her whether she requires medical attention or not. Asha was very dedicated to Kymari before his violation. Can you please consider giving less time than you originally gave? Kymari will be undergoing another massive surgery to tentatively repair her vocal cords in May 2006 at the Bronx Montefiorre Medical Children's Hospital. Kymari has been nominated for a wish through the Make-A-Wish foundation and we would love it if Asha could be a part of Kymari's dream trip to Disney World, Florida.

At this time, Kymari has learned sign language to communicate, which Asha has had no viable training to learn and he will need intense sign language classes once he does get out to help communicate with his daughter. She will later become a candidate for an Augmentative Communication Device in which time Asha will have to learn this device as well. Your Honor it would be a lot easier if we could work as a family team, Asha, Kymari, Danisha, and myself to help alleviate the stress of a single parent environment. It has gone on for too long.

Asha and I have mended our relationship and we plan to marry once he is freed. This is a major accomplishment for our family. Yes, we have tried to have a live-in relationship in the past, but after going on 20 years we were truly meant to be together and we have decided to make it final. Thank you again in advance for trying to see things through my eyes. I am a very forgiving person and any one who knows me will tell you that I am whole-heartedly for my family.

Sincerely,

Jawayya tabon-Tawanna Pabon

Cc: Alan Seidler, Attorney for Asha Patterson Attachment: Letter from Dr. Sanjay Parikh, Dir. Of Otolaryngology Letter from Dr. Lynn Cetin, Primary Care Physician



January 5, 2006

## To Whom It May Concern:

As you know, Kymari Patterson has been suffering from Subglottic Stenosis in the Tracheal area. She underwent a tracheal reconstruction on 5/18/05. As a follow up, Kymari underwent a broncoscopy on 7/19/05 and the findings indicated that Kymari's vocal cords are damaged and she will need further operation in early Spring 2006. Kymari currently uses sign language as her primary communication tool and therefore it should be incorporated into her daily life.

If you have any further questions, please feel free to e-mail me at sparikh@montefiore.org or contact me at the above phone numbers.

Sinceret

Dr. Saniav Parikh

Director of Pediatric Otolaryngology

Sanjay R. Parikh, M.D. Clinical Director of Pediatric Otolaryngology

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Re: Kymari Patterson

DOB: 03-27-02

Kymari Patterson is a 3 year 4 month old ex-25 week premature female with a complicated medical history. She has been receiving care from the Division of General Pediatrics at Schneider Children's Hospital at North Shore, and now with Dr. Cetin at ProHealth Pediatrics since her discharge from the neonatal intensive care unit. Kymari has a history of Bronchopulmonary Dysplasia (BPD) and Chronic Lung Disease (CLD). She was hospitalized for the first five months of her life and has had ten hospital admissions for various medical problems since her initial discharge. Although she has been doing quite well for her status as an extremely premature baby, she still continues to be dependent on a medical regimen that includes the following medications: Pulmicort, Albuterol, Miralax, Lasix, Nystatin cream/ointment and suspension. In addition, although Kymari no longer requires mechanical ventilation she still has an artificial airway (tracheostomy). This is a critical lifeline for her and she requires the use of a suction machine, catheters, a nebulizer and an oxygen tank. A shift nurse is essential for at the minimum of 20 hours per day to care for Kymari, administer her medications and monitor her tracheostomy. Improper care of her airway could be a life-threatening emergency.

Kymari was evaluated by an ENT specialist who determined that she has severe tracheal inflammation and stenosis. Because of this diagnosis, Kymari's tracheostomy cannot be removed anytime soon. In the meantime, Kymari requires early intervention services to help her attain her developmental milestones. Her interventional services should include sign language instruction, as she cannot attain normal and appropriate speech patterns with her tracheostomy in place. In the future, Kymari will require major reconstructive surgery to be able to live without her tracheostomy.

It is imperative that Kymari is excluded from the Medicaid Managed Choice program and that she receives straight Medicaid. She certainly qualifies as a special needs child, as she requires the care of many specialists, many developmental interventions and daily specialty care to attain a quality of life that is acceptable.

Any questions regarding Kymari's care can be directed to my office at 516-622-7337.

Thank you in advance for helping out this lovely child and her family. Your services will greatly improve her family's ability to cope with her care.

Lynn T. Cetin M.D.

**ProHealth Care Pediatrics** 

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